**BCR-ABL PCR REQUEST FORM**

**HAMMERSMITH**

TRIALS: If registered in a study - please use the trial form

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename</th>
<th>Date of Birth</th>
<th>Hospital Number</th>
<th>NHS Number</th>
</tr>
</thead>
</table>

**ADDITIONAL CLINICAL INFORMATION:**

**REFERRAL INFORMATION**

<table>
<thead>
<tr>
<th>Consultant (Print)</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address for Report</th>
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</table>

<table>
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<tr>
<th>Telephone/Email</th>
<th>Fax Number</th>
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</table>

**SAMPLE TYPE:**

- Bone marrow (2-3ml)
- Peripheral blood (10-20ml) in EDTA (purple top)

**INFECTION RISK:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

**DATE:**

**TIME:** Sample must arrive in lab within 72 hrs

Lab hours Mon-Fri 9-5pm

**Sample taken by:**

**TEST REQUIRED:**

- Quantitative BCR-ABL MRD by Q-PCR
- Kinase domain mutation analysis (extra charge)
- Other:

**CLINICAL DETAILS:**

- **CML**
- **ALL**
- **Other:**

**Status:**

- Confirmed
- Provisional

(If diagnosis has not been confirmed please provide details in the box below)

**BM Transplant**

<table>
<thead>
<tr>
<th>Auto</th>
<th>Allo</th>
<th>MUD</th>
</tr>
</thead>
</table>

**Treatment:**

- Imatinib
- Dasatinib
- Nilotinib
- Other:

**Dosage details:**

**Breakpoint/transcript details (if known):**

**SEND TO:**

Dr Letizia FORONI
Imperial Molecular Pathology Laboratory
G Block, 2nd Floor
Hammersmith Hospital
Du Cane Road
London W12 OHS
UK

Next day delivery advised
Package according to (PI650) UN3373

Copies of this form can be downloaded from: http://www.imperial.nhs.uk/pathology-molecular-diagnostics-services/molecular-diagnostic/index.htm

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FAX: 0203 313 1507
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